



**BOARD OF HEARING CARE PROVIDERS**  
121 South Fruit Street  
Concord, NH 03301  
(603) 271-9482

**INITIAL APPLICATION LICENSE/REGISTRATION**

**HEARING CARE PROVIDER** \_\_\_\_\_

**AUDIOLOGIST** \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you successfully passed the National Institute for Hearing Studies Examination? Yes No

**EDUCATION**

EDUCATION	COLLEGE/UNIVERSITY	DEGREE	DATE	CONCENTRATION
UNDERGRADUATE				
GRADUATE				

Are you the subject of pending disciplinary action?

No \_\_\_\_\_ Yes \_\_\_\_\_ If so, please state details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been the defendant in a civil proceeding resulting in a settlement or a judgment against you within the past ten years? Yes No

If Yes attached signed copies of agreement(s)

Have you been convicted of a felony or misdemeanor? Yes No

If so state the details of the offense, date of conviction and sentence imposed.

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I have read and completed this application and I attest that all the information and supporting documentation are true to the best of my knowledge.

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Signature of Applicant

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Date

### EMPLOYMENT

Please list the name of your current employer and/or where you are seeking prospective employment.

Name	Address and Telephone Number
Current Employer	
Prospective Employment	

If you have been licensed or registered as a hearing aid dealer in another state, please complete the following:

State	License #	Date Licensed	Present Status			
			Current	Lapsed	Revoked/Suspended	Probation

How many years have you practiced dispensing Hearing Aids? \_\_\_\_\_

Have you voluntarily surrendered a hearing aid dealer license/registration?

No \_\_\_\_\_ Yes \_\_\_\_\_ If so, state the name of the Board, state, date of denial and reasons for denial. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fee Received \_\_\_\_\_  
Check Number \_\_\_\_\_  
License Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_